



PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

1 **AN ACT ...; relating to: the budget**

Analysis by the Legislative Reference Bureau

HEALTH AND HUMAN SERVICES

*** ANALYSIS FROM -1146/1 ***

WISCONSIN WORKS

The Wisconsin Works (W-2) program under current law, which is administered, generally, by W-2 agencies under contracts with DCF, provides work experience and benefits for low-income custodial parents who are at least 18 years old, as well as job search assistance to noncustodial parents who are required to pay child support, to minor custodial parents, and to pregnant women who are not custodial parents. Also, an individual who is the parent of a child under the age of 13 or, if the child is disabled, under the age of 19, who needs child care services to participate in various educational or work activities, and who satisfies other eligibility criteria may receive a child care subsidy for child care services under W-2 (Wisconsin Shares). This bill makes a number of miscellaneous changes to W-2, including the following:

1. Limiting the length of time during which a participant may participate in a trial job to three months and in a trial job placement to 24 months; limiting the length of time during which a participant may participate in a community service job to six months and in a community service job placement to 24 months; and limiting the length of time during which a participant may participate in a transitional placement to 24 months.

2. Providing that a participant in a community service job placement may be required to engage in certain job-related activities for up to 30 hours per week and

in educational or training activities for up to ten hours per week and that a participant in a transitional placement may be required to engage in certain specified activities for up to 28 hours per week and in education or training activities for up to 12 hours per week.

3. Reducing the maximum monthly grant received by a participant in a community service job placement from \$673 to \$653 and by a participant in a transitional placement from \$628 to \$608.

4. Eliminating the requirement that DCF make certain determinations, such as whether good cause exists for a participant's failure to participate and that the services offered to a participant are appropriate for him or her, before determining that a participant is ineligible for three months to participate in W-2 due to a failure to participate in an assigned placement and the requirement that, before a participant who has refused to participate in an assigned placement loses eligibility for three months, he or she must be given a conciliation period, although the participant is still allowed a reasonable time to rectify his or her deficiency and avoid the loss of eligibility.

5. Eliminating the requirement that, after a W-2 agency has provided written notice to a W-2 participant whose benefits are about to be reduced by at least 20 percent or whose eligibility is about to be terminated, the W-2 agency also must orally explain the proposed action.

The bill also eliminates the transitional jobs demonstration project, under which DCF provides wage subsidies to employers who employ eligible individuals, and which was being conducted with federal moneys from the Temporary Assistance for Needy Families Emergency Fund under the American Recovery and Reinvestment Act of 2009.

***** ANALYSIS FROM -0148/P2 *****

Current law prohibits DCF from increasing the maximum Wisconsin Shares child care provider reimbursement rates in 2009, 2010, or before June 30, 2011. Current law also requires DCF to submit to JCF a plan for implementing the child care quality rating system (quality rating plan). This bill provides that before June 30, 2013, DCF may not increase the maximum Wisconsin Shares child care provider reimbursement rates, but may modify an individual child care provider's reimbursement rate on the basis of the child care provider's quality rating, as that term is described in the quality rating plan, as follows: a provider who receives a one-star rating may be denied reimbursement; one who receives a two-star rating may have the maximum reimbursement rate reduced by up to 5 percent; one who receives a three-star rating will receive reimbursement at the maximum rate; one who receives a four-star rating may have the maximum reimbursement rate increased by up to 5 percent; and one who receives a five-star rating may have the maximum reimbursement rate increased by up to 10 percent. In addition, DCF is authorized to use a severity-index tool, as that term is described in the quality rating plan, to disqualify providers who receive low-quality ratings from providing child care services in Wisconsin Shares.

***** ANALYSIS FROM -1204/1 *****

The bill authorizes DCF to do any of the following to reduce costs under Wisconsin Shares:

1. Implement a waiting list.
2. Increase the copayments paid by individuals who receive a child care subsidy.
3. Adjust the amount of reimbursement paid to child care providers.
4. Adjust the gross income levels for eligibility for child care subsidies.

*** ANALYSIS FROM -1019/5 ***

PUBLIC ASSISTANCE

Under current law, income maintenance programs are administered by counties, except for Milwaukee County, and by tribal governing bodies through contracts with DHS. The Milwaukee County enrollment services unit within DHS (Milwaukee unit) administers income maintenance programs in Milwaukee County. Income maintenance programs are currently specified in the statutes as the Medical Assistance program, including BadgerCare Plus; the food stamp program, which is currently known as the supplemental nutrition assistance program or FoodShare in Wisconsin; and the funeral, burial, and cemetery expenses program under which counties pay cemetery, funeral, and burial expenses for decedents who, during life, received certain public assistance benefits.

This bill requires DHS to establish an income maintenance administration unit (IM unit) in DHS to administer income maintenance programs in all counties. This bill provides that, until the IM unit is prepared to assume income maintenance administration from counties, DHS may continue to delegate income maintenance administrative functions to counties, on a county-by-county basis. Similarly, under this bill, the Milwaukee unit will continue to administer income maintenance programs for Milwaukee County until the IM unit is prepared to administer income maintenance programs in Milwaukee County. The Milwaukee unit is eliminated when the IM unit assumes income maintenance program administration in Milwaukee County. This bill requires that the IM unit administer income maintenance programs statewide no later than May 1, 2012. Under this bill, the food stamp program, currently an income maintenance program, is transferred to DCF on January 1, 2013.

Under current law, DHS administers two programs that provide supplemental payments to individuals who are eligible to receive federal supplemental security income (SSI). The first program provides supplemental cash payments to an individual who qualifies for SSI. The second program provides additional cash payments to an individual who receives SSI, state supplemental payments, or both, and is a custodial parent of a dependent child. This bill transfers the administration of the state supplemental payment program and the caretaker supplement program to DCF.

*** ANALYSIS FROM -0151/1 ***

Under current law, qualified aliens receive FoodShare benefits. Federal law allows, but does not require, a state to provide those benefits, and any state that does provide such benefits must pay the whole cost itself. This bill eliminates the

provision of FoodShare benefits to qualified aliens, except to the extent that it is required under federal law.

*** ANALYSIS FROM -1195/2 ***

*** ANALYSIS FROM -1156/1 ***

Under current law, DHS pays the cost of medical treatment for persons with chronic kidney disease at a rate equal to the allowable charges under Medicare. This bill provides that DHS will pay for medical treatment for such persons at a rate that is determined by DHS and that does not exceed the allowable charges under Medicare.

*** ANALYSIS FROM -0149/2 ***

Under current law, DCF allocates specific amounts of federal moneys in each fiscal year, including Child Care Development Funds (CCDF) and moneys received under the Temporary Assistance for Needy Families (TANF) block grant program, for various public assistance programs and for child care-related purposes, including its day care licensing activities. This bill increases, decreases, and continues those allocations, and makes a new allocation for services provided under the child welfare program improvement plan developed under federal regulations.

*** ANALYSIS FROM -0582/P3 ***

MEDICAL ASSISTANCE

Under current law, in certain counties, a person who meets certain functional and financial criteria and who is either a frail elder or an adult with a physical disability or a developmental disability is eligible for community-based services through Family Care, a medical assistance waiver program known as Family Care Partnership, the Program of All-Inclusive Care for the Elderly (PACE), or a self-directed supports options program (known as IRIS). In a county where Family Care, Family Care Partnership, PACE, or IRIS is available, this bill caps enrollment in an available program at the number of participants in that program on a specific date for the 2011–13 biennium.

Family Care is currently available only in certain counties. This bill also prohibits the expansion of Family Care to counties in which the program is not available on July 1, 2011, during the 2011–13 biennium, unless DHS determines that the expansion is cost-effective.

*** ANALYSIS FROM -1375/1 ***

Under current law, the Medical Assistance (MA) program provides family planning as a benefit to its recipients. Currently, DHS may request a waiver to conduct and may implement a project to provide family planning services under MA to men between the ages of 15 and 44 whose family income is not more than 200 percent of the federal poverty level. This bill eliminates the ability on January 1, 2012, for DHS to request a waiver to conduct or to implement a project providing family planning services under MA to men.

*** ANALYSIS FROM -0970/2 ***

Under the expanded medicare buy-in program under current law, MA pays premiums, deductibles, and coinsurance for Medicare coverage for elderly or disabled persons who are entitled to coverage under Medicare Part A or under Medicare Part A and Part B and whose income and resources are sufficiently low to

satisfy the eligibility criteria under the program. Current law limits coinsurance payment for a service under Medicare Part B to the allowable charge for the service under MA minus the Medicare payment. This bill limits coinsurance payment for a service under Medicare Part A to the allowable charge for the service under MA minus the Medicare payment.

***** ANALYSIS FROM -0724/1 *****

The Birth to 3 waiver program and the disabled children's long-term support program are MA waiver programs that permit DHS to offer home and community-based services to children under MA. Counties pay the nonfederal share of MA costs for services provided under the Birth to 3 waiver program and for services provided to some of the children in the disabled children's long-term support program. Currently, counties administer these programs and pay providers who provide services under the programs.

Under this bill, DHS will utilize a private entity to administer the Birth to 3 waiver program and the disabled children's long-term support program. The private entity will also pay providers for services provided under these programs.

This bill requires counties to pay the following costs by providing funds to DHS, rather than by paying the costs directly:

1. The nonfederal share of services the county provides without state funding under the disabled children's long-term support program.
2. The nonfederal share of benefits provided under the Birth to 3 waiver program.
3. The administration costs for the Birth to 3 waiver program.
4. The administration costs for services the county provides without state funding under the disabled children's long-term support program for a participant enrolled after January 1, 2011.

***** ANALYSIS FROM -0986/3 *****

One of the benefits that MA provides is hospital care, and therefore DHS reimburses certain hospitals for the care provided to MA recipients. In addition to those reimbursements, DHS currently makes supplemental payments to certain hospitals. This bill eliminates the supplemental payments from the MA program to essential access city hospitals.

***** ANALYSIS FROM -0174/4 *****

Under current law, DHS administers MA, which is a jointly funded federal and state program that provides health services to individuals who have limited resources. Certain services related to screenings, home health, reproductive health, mental health, physical and psychosocial rehabilitation, and other services (covered services) are among services that are covered under MA. Currently DHS may make MA payment adjustments to a county department for covered services. DHS then may decrease a county's allocation of community aids moneys by the amount of MA payment adjustments paid from general purpose revenue by DHS.

This bill creates a second procedure under which DHS may make payments to county departments for covered services. Under the second procedure, county departments must submit, annually, certified cost reports to DHS for covered services. DHS must base the amount of a claim for federal MA funds on the certified

cost reports the county departments submit. For those covered services, under the second procedure, DHS must pay county departments a percentage, as established in the state's most recent biennial budget, of the federal funds claimed. This bill allows DHS to also pay local health departments under the second payment procedure.

***** ANALYSIS FROM -0809/4 *****

DHS makes payments to providers of those MA health services and other payments related to MA out of various appropriation accounts, including a general purpose revenue (GPR) appropriation account; a program revenue (PR) appropriation account containing moneys from MA cost sharing, penalty assessments, and the pharmacy benefits purchasing pool; and the MA trust fund. These expenditures sometimes generate refunds from providers, third party liability payments, drug rebates, audit recoveries, and other collections.

This bill creates a PR appropriation account into which moneys received from provider refunds, third party liability payments, drug rebates, audit recoveries, and other collections related to expenditures from the GPR appropriation account, the MA cost-sharing appropriation account, and the MA trust fund for the MA program, regardless of the fiscal year in which the expenditure was made, are deposited. DHS may expend the moneys in this PR appropriation account for the same purposes it expends moneys from the GPR appropriation account for the MA program.

***** ANALYSIS FROM -0243/2 *****

Currently, the federal Centers for Medicare and Medicaid Services (CMS) oversees MA. MA provides benefits to eligible individuals who reside in a nursing home or a certain licensed community-based residential facility. CMS currently uses a method, called "Resource Utilization Groupings III," to categorize residents of facilities by the level of needed resources and calculate the payments to facilities under MA. This acuity-based payment system currently requires the incorporation of acuity measurements under the most recent "Resource Utilization Groupings III" methodology to set the case-mix adjustment. This bill changes the terminology to "Resource Utilization Groupings" and allows, instead of requires, the incorporation of acuity measurements for case-mix adjustment.

***** ANALYSIS FROM -1325/2 *****

HEALTH

Under current law, DHS administers the Senior Care program, which provides assistance to the elderly in the purchase of prescription drugs. To be eligible for Senior Care, a person must be a resident of the state, be at least 65 years of age, not be a recipient of prescription drug coverage through Medical Assistance, have a household income that does not exceed 240 percent of the federal poverty line, and pay a program enrollment fee. This bill adds as a requirement for eligibility for Senior Care that the person must apply for and, if eligible, enroll in Medicare Part D, which is a federal prescription drug assistance program.

***** ANALYSIS FROM -1330/P1 *****

Under current law, DHS provides funding for family planning services, including maintaining a state plan for community-based family planning programs

and specific annual grants. This bill eliminates this family planning services funding.

***** ANALYSIS FROM -0241 *****

Under current law, DHS regulates various types of long-term care providers, including one- and two-bed adult family homes.

This bill eliminates the requirement that DHS regulate one- and two-bed adult family homes. This bill also eliminates the requirement that DHS certify one- and two-bed adult family homes in order for one- and two-bed adult family homes to provide services to a person who is a recipient of the Family Care Program, a community-based long-term care MA waiver program, or supplemental security income.

***** ANALYSIS FROM -1310/1 *****

Under current law, the fees that a health care provider may charge for copies of patient health care records are set by statute. This bill eliminates statutory fees for copies of patient health care records and requires that DHS promulgate rules to establish maximum fees that a health care provider may charge for copies of patient health care records under certain circumstances.

***** ANALYSIS FROM -1309/1 *****

Under this bill, DHS is also authorized to set fees for testing infants for congenital disorders by administrative rule.

***** ANALYSIS FROM -0183/1 *****

CHILDREN

Current law requires DCF to establish a pilot program under which not more than four counties and, in Milwaukee County, one licensed child welfare agency (agency) may employ alternative responses to a report of suspected or threatened child abuse or neglect. This bill eliminates those caps on the number of county agencies that may participate in the pilot program.

***** ANALYSIS FROM -0146/1 *****

Current law requires that payments received for child support be applied first to child support that is due in the month in which the payment is received, then to any overdue child support, and finally to any interest that has accrued on unpaid child support. This bill provides an exception to the order in which payments received for child support are distributed if federal statutes or regulations require a different order, which is the case.

***** ANALYSIS FROM -1324/P1 *****

OTHER HEALTH AND HUMAN SERVICES

Under current law, a county with a population of less than 500,000 must establish a county department of social services, and such a county may establish a county department of human services. A county with a population of 500,000 or more must establish both a department of social services and a department of human services. Two or more counties that are contiguous and that each have a population of less than 500,000 may combine to form a department of social services or a department of human services on a multicounty basis. There is no multicounty option for counties with a population of 500,000 or more.

This bill authorizes noncontiguous counties and counties with populations of 500,000 or more to combine to form a department of social services or a department of human services on a multicounty basis.

***** ANALYSIS FROM -0153/P1 *****

This bill transfers from DWD to DCF one position, and any incumbent employee holding that position, that is primarily related to local agency reimbursement contracts for programs administered by DCF. The bill also transfers from DCF to DHS three positions, and any incumbent employee or employees holding those positions, that are primarily related to automation security for the Client Assistance for Reemployment and Economic Support (CARES) system. All transferred incumbent employees retain the same rights and status after the transfer that they enjoyed before the transfer.

2011 DRAFTING REQUEST

Bill

Received: **02/22/2011**

Received By: **chanaman**

Wanted: **As time permits**

Companion to LRB:

For: **Legislative Reference Bureau**

By/Representing:

May Contact:

Drafter: **chanaman**

Subject: **State Govt - miscellaneous**

Addl. Drafters:

Extra Copies:

Submit via email: **NO**

Pre Topic:

No specific pre topic given

Topic:

Analysis compile for health

Instructions:

See attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/P1	chanaman	/pl wly 2/23		_____			

FE Sent For:

<END>

LRB

Research (608-266-0341)

Library (608-266-7040)

Legal (608-266-3561)

LRB

FD done

(Head) Health and Human Services
(Subhead) Wisconsin Works

- 1146 ✓
- 0148 ✓
- 1204

(Subhead) Public Assistance

- 1019 ✓
- 0151 ✓
- 1195 ✓
- 1156 ✓
- 0149 ✓

(Subhead) Medical Assistance

- 0582 ✓
- 1375 ✓
- 0970 ✓
- 0986 ✓ → - 0724 ✓
- 0174 ✓
~~01~~ - 0809 ✓
- 0243 ✓

INSERT FERN
INSERT 6mm

(Subhead) Other Health and Human Services

- 1325 ✓
- 0153 ✓ → - 0324 (MPG) ✓
- 0147 ✓
- 0197 ✓

moved to
end of Health
per reading

TSD
- 0279
- 0244

These lists include all drafts under these subheads for PSK, TSD, & FH

Hanaman, Cathlene

From: Knepp, Fern
Sent: Friday, February 18, 2011 3:27 PM
To: Hanaman, Cathlene
Subject: Health & Human Services - Health

Apparently, I have all of the drafts for Health and Human Services subheading "Health".

Here they are:

Health

1330 – Eliminate funding for family planning services
0241 – Deregulate 1 and 2 bed adult family homes
1310 – Set Medical records fees by rule
1309 – Set congenital disorder testing fees by rule

INSERT FERN

Thanks,
Fern

Fern F. Knepp

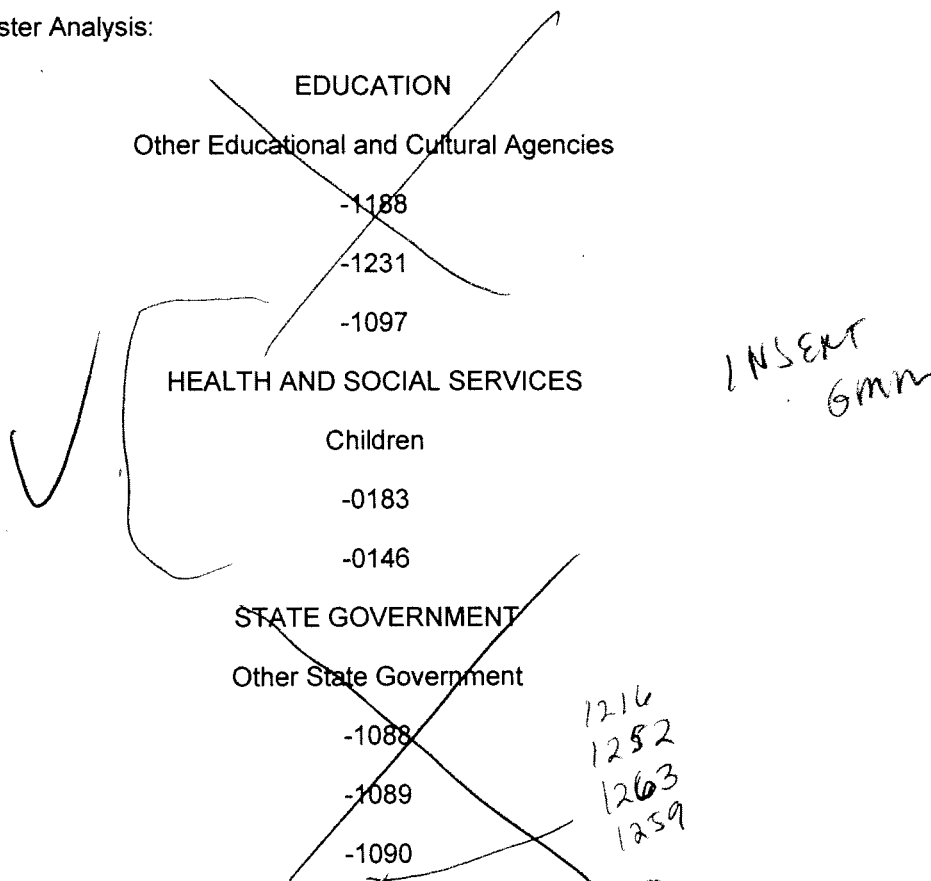
Legislative Attorney
Wisconsin Legislative Reference Bureau
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Madison, WI 53701-2037
(608) 261-6927
fern.knepp@legis.wisconsin.gov

Hanaman, Cathlene

From: Malaise, Gordon
Sent: Friday, February 18, 2011 3:29 PM
To: Hanaman, Cathlene
Subject: Master Analysis

Cathlene:

Here's what I have for the Master Analysis:



I also have -0178, -0885, -0912, -1197, and -1321 if we need filler, but these are all relatively inconsequential.

Gordon



State of Wisconsin
2011 - 2012 LEGISLATURE



LRB-1517/P1

Wij

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

Moved - 1325
to "HEALTH" section
section per reading.
Please review
-Mike

AN ACT ...; relating to: the budget

Analysis by the Legislative Reference Bureau

HEALTH AND HUMAN SERVICES

*** ANALYSIS FROM -1146/1 ***

WISCONSIN WORKS

The Wisconsin Works (W-2) program under current law provides work experience and benefits for low-income custodial parents who are at least 18 years old, as well as job search assistance to noncustodial parents who are required to pay child support, to minor custodial parents, and to pregnant women who are not custodial parents. W-2 is administered, generally, by W-2 agencies under contracts with DCE. This bill makes a number of miscellaneous changes to W-2, including the following:

1. Limiting the length of time during which a participant may participate in a trial job to three months and in a trial job placement to 24 months; limiting the length of time during which a participant may participate in a community service job to six months and in a community service job placement to 24 months; and limiting the length of time during which a participant may participate in a transitional placement to 24 months.

2. Providing that a participant in a community service job placement may be required to engage in certain job-related activities for up to 30 hours per week and in educational or training activities for up to ten hours per week and that a participant in a transitional placement may be required to engage in certain specified activities for up to 28 hours per week and in education or training activities for up to 12 hours per week.

Insert-148 (see next page)

3. Reducing the maximum monthly grant received by a participant in a community service job placement from \$673 to \$653 and by a participant in a transitional placement from \$628 to \$608.

4. Eliminating the requirement that DCF make certain determinations, such as whether good cause exists for a participant's failure to participate and that the services offered to a participant are appropriate for him or her, before determining that a participant is ineligible for three months to participate in W-2 due to a failure to participate in an assigned placement ^{and}

5. Eliminating the requirement that, before a participant who has refused to participate in an assigned placement loses eligibility for three months, he or she must be given a conciliation period during which he or she must participate in all assigned activities. The participant is still allowed a reasonable time, however, to rectify his or her deficiency and avoid the loss of eligibility.

5.5. Eliminating the requirement that, after a W-2 agency has provided written notice to a W-2 participant whose benefits are about to be reduced by at least 20 percent or whose eligibility is about to be terminated, the W-2 agency also must orally explain the proposed action.

The bill also eliminates the transitional jobs demonstration project, under which DCF provides wage subsidies to employers who employ eligible individuals. The demonstration project was to provide up to 2,500 transitional jobs in certain specified counties to low-income adults who are ineligible for W-2 or unemployment insurance benefits. The demonstration project was being conducted with federal moneys from the Temporary Assistance for Needy Families Emergency Fund under the American Recovery and Reinvestment Act of 2009.

*** ANALYSIS FROM -0148/P2 ***

The Wisconsin Works (W-2) program under current law provides work experience and benefits for low-income custodial parents who are at least 18 years old. Also, an individual who is the parent of a child under the age of 13 or, if the child is disabled, under the age of 19, who needs child care services to participate in various educational or work activities, and who satisfies other eligibility criteria may receive a child care subsidy for child care services under the W-2 program (Wisconsin Shares). Under current law, counties set the maximum rates at which child care providers who provide services under Wisconsin Shares are reimbursed for their services, subject to review, approval, and modification by DCF. Current law, however, prohibits DCF from increasing the maximum Wisconsin Shares child care provider reimbursement rates in 2009, 2010, or before June 30, 2011. Current law also requires DCF to submit to JCF a plan for implementing the child care quality rating system (quality rating plan). This bill provides that before June 30, 2013, DCF may not increase the maximum Wisconsin Shares child care provider reimbursement rates, but may modify an individual child care provider's reimbursement rate on the basis of the child care provider's quality rating, as that term is described in the quality rating plan, as follows: a provider who receives a one-star rating may be denied reimbursement; a provider who receives a two-star rating may have the maximum reimbursement rate reduced by up to 5 percent; a provider who receives a three-star rating will receive reimbursement at the

maximum rate; a provider who receives a four-star rating may have the maximum reimbursement rate increased by up to 5 percent; and a provider who receives a five-star rating may have the maximum reimbursement rate increased by up to 10 percent. In addition, DCF is authorized to use a severity-index tool, as that term is described in the quality rating plan, to disqualify providers who receive low-quality ratings from providing child care services in Wisconsin Shares.

*** ANALYSIS FROM -1204/1 ***

The Wisconsin Works (W-2) program under current law provides work experience and benefits for low-income custodial parents who are at least 18 years old. Also, under a W-2 program known as Wisconsin Shares, an individual who is the parent of a child under the age of 13 or, if the child is disabled, under the age of 19, may receive a child care subsidy if the individual needs child care services to participate in various educational or work activities and satisfies other eligibility criteria.

The This bill authorizes DCF, which administers the Wisconsin Shares child care subsidy program, to do any of the following to reduce costs under the program:

1. Implement a waiting list.
2. Increase the copayments *paid by* that individuals who receive a subsidy *pay*.
3. Adjust the amount of reimbursement paid to child care providers.
4. Adjust the gross income levels for eligibility for subsidies.

*** ANALYSIS FROM -1019/5 ***

PUBLIC ASSISTANCE

Under current law, income maintenance programs are administered by counties, except for Milwaukee County, and by tribal governing bodies through contracts with DHS. The Milwaukee County enrollment services unit within DHS (Milwaukee unit) administers income maintenance programs in Milwaukee County. Income maintenance programs are currently specified in the statutes as the Medical Assistance program, including BadgerCare Plus; the food stamp program, and the funeral, burial, and cemetery expenses program under which county departments of social services or human services pay cemetery, funeral, and burial expenses for decedents who, during life, received certain public assistance benefits and whose estates are insufficient to pay those expenses.

This bill requires DHS to establish an income maintenance administration unit (IM unit) in DHS to administer income maintenance programs in all counties. Under this bill, administration of income maintenance programs specifically includes receiving applications, determining eligibility, conducting fraud investigations, implementing error reduction procedures, and recovering overpayment of benefits. This bill provides that, until the IM unit is prepared to assume income maintenance administration from counties, DHS may continue to delegate income maintenance administrative functions to counties, on a county by county basis. Similarly, under this bill, the Milwaukee unit will continue to administer income maintenance programs for Milwaukee County until the IM unit is prepared to administer income maintenance programs in Milwaukee County. *This bill requires that the IM unit administer income maintenance programs for all counties statewide.* The Milwaukee unit is eliminated when the IM unit assumes income maintenance

Supplemental Nutrition Assistance Program or FoodShare in Wisconsin

Which is currently known as

County

child care

Move with
beginning
of sentence
on p 3

program administration in Milwaukee County, or on May 1, 2012, whichever is earlier. Under this bill, the food stamp program, currently an income maintenance program, is transferred to DCF on January 1, 2013.

Under current law, DHS administers two programs that provide supplemental payments to individuals who are eligible to receive federal supplemental security income (SSI). The first program provides supplemental cash payments, known as state supplemental payments, to an individual who qualifies for SSI because the individual is elderly, blind, or disabled. The second program, known as the caretaker supplement program, provides additional cash payments to an individual who receives SSI, state supplemental payments, or both, and is a custodial parent of a dependent child. This bill transfers the administration of the state supplemental payment program and the caretaker supplement program to DCF.

*** ANALYSIS FROM -0151/1 ***

Under current law, DHS provides benefits under the food stamp program to qualified aliens, unless such benefits are restored by the federal government. Under federal law, a state may, but is not required to, provide food stamp benefits to qualified aliens, and any state that does provide such benefits must pay the whole cost itself. This bill eliminates the provision of FoodShare benefits to qualified aliens, except to the extent that it is required under federal law.

*** ANALYSIS FROM -1195/2 ***

Under current law, DHS administers the Supplemental Nutrition Assistance Program, formerly known as the food stamp program and currently known in Wisconsin as FoodShare, under which eligible low-income individuals and families receive cash assistance to purchase food. This bill transfers the administration of FoodShare to DCF on January 1, 2013. This bill also updates terminology related to the former food stamp program to be consistent with current federal law.

*** ANALYSIS FROM -1156/1 ***

Under current law, DHS pays the cost of medical treatment for persons with chronic kidney disease at a rate equal to the allowable charges under Medicare. This bill provides that DHS will pay for medical treatment for such persons at a rate that is determined by DHS and that does not exceed the allowable charges under Medicare.

*** ANALYSIS FROM -0149/2 ***

Under current law, DCF allocates specific amounts of federal moneys in each fiscal year, including Child Care Development Funds (CCDF) and moneys received under the Temporary Assistance for Needy Families (TANF) block grant program, for various public assistance programs and for child care-related purposes, including its day care licensing activities. This bill increases, decreases, and continues those allocations, and makes a new allocation for services provided under the child welfare program improvement plan developed under federal regulations.

*** ANALYSIS FROM -0582/P3 ***

MEDICAL ASSISTANCE

Under current law, in certain counties, a person who meets certain functional and financial criteria and who is either a frail elder or an adult with a physical disability or a developmental disability is eligible for community-based services through Family Care, a medical assistance waiver program known as Family Care

receive FoodShare benefits
allows, but does not require, a state
to provide those benefits

Partnership, the Program of All-Inclusive Care for the Elderly (PACE), or a self-directed supports options program (known as IRIS). In a county where Family Care, Family Care Partnership, PACE, or IRIS is available, this bill caps enrollment in an available program at the number of participants in that program on a specific date for the 2011-13 biennium.

Family Care is currently available only in certain counties. This bill also prohibits the expansion of Family Care to counties in which the program is not available on July 1, 2011, during the 2011-13 biennium, unless DHS determines that the expansion is cost-effective.

***** ANALYSIS FROM -1375/1 *****

Under current law, the Medical Assistance (MA) program provides family planning as a benefit to its recipients. DHS is required to implement any waiver it receives from the federal secretary of the Department of Health and Human Services to provide family planning services under MA to women between the ages of 15 and 44 whose family income is not more than 200 percent of the federal poverty level. Currently, DHS may request a waiver to conduct and may implement a project to provide family planning services under MA to men between the ages of 15 and 44 whose family income is not more than 200 percent of the federal poverty level. This bill eliminates the ability on January 1, 2012, for DHS to request a waiver to conduct or to implement a project providing family planning services under MA to men.

***** ANALYSIS FROM -0970/2 *****

Under the expanded medicare buy-in program under current law, Medical Assistance (MA) pays premiums, deductibles, and coinsurance for Medicare coverage for elderly or disabled persons who are entitled to coverage under Medicare Part A or under Medicare Part A and Part B and whose income and resources are sufficiently low to satisfy the eligibility criteria under the program. For persons entitled to Medicare Part A and Part B, current law limits payment of coinsurance for a service under Medicare Part B to the allowable charge for the service under MA minus the Medicare payment. This bill limits, for persons entitled to Medicare Part A or to Medicare Part A and Part B, payment of coinsurance for a service under Medicare Part A to the allowable charge for the service under MA minus the Medicare payment.

***** ANALYSIS FROM -0724/1 *****

The Birth to 3 waiver program and the disabled children's long-term support program are Medical Assistance (MA) waiver programs that permit DHS to offer home and community-based services to children under MA. Counties pay the nonfederal share of MA costs for services provided under the Birth to 3 waiver program and for services provided to some of the children in the disabled children's long-term support program. Currently, counties administer these programs and pay providers who provide services under the programs.

Under this bill, DHS will utilize a private entity to administer the Birth to 3 waiver program and the disabled children's long-term support program. The private entity will also pay providers for services provided under these programs.

This bill requires counties to pay the following costs by providing funds to DHS, rather than by paying the costs directly:

1. The nonfederal share of services the county provides without state funding under the disabled children's long-term support program.
2. The nonfederal share of benefits provided under the Birth to 3 waiver program.
3. The administration costs for the Birth to 3 waiver program.
4. The administration costs for services the county provides without state funding under the disabled children's long-term support program for a participant enrolled after January 1, 2011.

*** ANALYSIS FROM -0986/3 ***

Under current law, DHS administers the Medical Assistance (MA) program, which provides health services to individuals who have limited resources. One of the benefits that MA provides is hospital care, and therefore DHS reimburses certain hospitals for the care provided to MA recipients. In addition to those reimbursements, DHS currently makes supplemental payments to certain hospitals, including essential access city hospitals. This bill eliminates the supplemental payments from the MA program to essential access city hospitals.

*** ANALYSIS FROM -0174/4 *** TJD

Under current law, DHS administers the Medical Assistance (MA) program, which is a jointly funded federal and state program that provides health services to individuals who have limited resources. Early and periodic screenings and subsequent treatment for individuals under 21 years of age; home health services prescribed by a physician; services and supplies prescribed by a physician for family planning; physical and occupational therapy; speech, hearing, and language disorder services; medical day treatment services; mental health services; and alcohol and other drug abuse services; nursing services; personal care services; mental health and psychosocial rehabilitative services provided by certain staff; respiratory care services for ventilator-dependent individuals; case management services; care coordination for women with high-risk pregnancies; prenatal, postpartum, and young child care coordination; care coordination and follow-up for persons having lead poisoning or lead exposure; mental health crisis intervention services; and case management services for recipients with high-cost chronic health conditions or high-cost catastrophic health conditions (covered services) are among services that are covered under the MA program. Currently DHS may make MA payment adjustments to a county department for covered services. DHS then may decrease a county's allocation of community aids moneys by the amount of MA payment adjustments paid from general purpose revenue by DHS.

This bill creates a second procedure under which DHS may make payments to county departments for covered services. Under the second procedure, county departments must submit, annually, certified cost reports to DHS for covered services. DHS must base the amount of a claim for federal MA funds on the certified cost reports the county departments submit. For those covered services, under the second procedure, DHS must pay county departments a percentage, as established in the state's most recent biennial budget, of the federal funds claimed.

(No It) →

Certain services related to screenings, home health, reproductive health, mental health, physical rehabilitation and other services

NOT

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Currently, DHS may make payments to certain local health departments for MA services under the first payment procedure. This bill allows DHS to also pay local health departments under the second payment procedure.

The bill requires DHS to select which payment procedure it will use and allows DHS to change which procedure it uses. DHS must notify county and local departments before the date on which payment for services is made under the selected or newly selected procedure.

Under current law, DHS may make MA payments to providers of home health services prescribed by a physician, personal care services, respiratory care services for ventilator-dependent individuals, and home health services under the BadgerCare Plus Benchmark plan from a certain general purpose revenue appropriation account. This bill eliminates the authority for DHS to pay providers from that appropriation account for those services provided on or after January 1, 2012.

***** ANALYSIS FROM -0809/4 *** TJD**

Under current law, DHS administers the Medical Assistance (MA) program, which is a joint federal and state program that provides health services to individuals with limited resources. DHS makes payments to providers of those health services and other payments related to MA out of various appropriation accounts, including a general purpose revenue (GPR) appropriation account; a program revenue (PR) appropriation account containing moneys from MA cost sharing, penalty assessments, and the pharmacy benefits purchasing pool; and the MA trust fund. These expenditures sometimes generate refunds from providers, third party liability payments, drug rebates, audit recoveries, and other collections.

Under current law, a refund of an expenditure received in the same fiscal year as the original expenditure was made is deposited in the appropriation account from which the expenditure was made, if the secretary of administration designates it as a refund of an expenditure. Under certain circumstances, an agency may expend the refund of an expenditure. Current law requires that revenue received by an agency incidentally in connection with GPR appropriations that is not designated as a refund of an expenditure and for which there is no PR appropriation be designated GPR revenue-earned. This revenue is not available for expenditure by the agency.

This bill creates a PR appropriation account into which moneys received from provider refunds, third party liability payments, drug rebates, audit recoveries, and other collections related to expenditures from the GPR appropriation account, the MA cost-sharing appropriation account, and the MA trust fund for the MA program, regardless of the fiscal year in which the expenditure was made, are deposited. DHS may expend the moneys in this PR appropriation account for the same purposes it expends moneys from the GPR appropriation account for the MA program.

***** ANALYSIS FROM -0243/2 *****

Currently, the federal Centers for Medicare and Medicaid Services (CMS) oversees the Medical Assistance (MA) program, which is administered in this state by DHS. MA provides benefits to eligible individuals who reside in a nursing home or a certain licensed community-based residential facility. CMS currently uses a method, called "Resource Utilization Groupings III," to categorize residents of

facilities by the level of needed resources. ~~These categories are used to~~ calculate the payments to facilities under MA. This acuity-based payment system currently requires the incorporation of acuity measurements under the most recent "Resource Utilization Groupings III" methodology to set the case-mix adjustment. This bill changes the terminology to "Resource Utilization Groupings" and allows, instead of requires, the incorporation of acuity measurements for case-mix adjustment.

***** ANALYSIS FROM -1330/P1 *****

HEALTH

Under current law, DHS provides funding to provide family planning services, including maintaining a state plan for community-based family planning programs and specific annual grants such as \$225,000 to establish and maintain two city-based clinics for delivery of family planning services in Milwaukee, Racine, or Kenosha. This bill eliminates ~~funding for family planning services~~ ^{funding} ~~this~~ ^{for}

***** ANALYSIS FROM -0241 *****

Under current law, DHS regulates various types of long-term care providers, including one- and two-bed adult family homes.

This bill eliminates the requirement that DHS regulate one- and two-bed adult family homes. This bill also eliminates the requirement that DHS certify one- and two-bed adult family homes in order for one- and two-bed adult family homes to provide services to a person who is a recipient of the Family Care Program, a community-based long-term care MA waiver program, or supplemental security income.

***** ANALYSIS FROM -1310/1 *****

Under current law, the fees that a health care provider may charge for copies of patient health care records are set by statute. This bill eliminates statutory fees for copies of patient health care records and requires that DHS promulgate rules to establish maximum fees that a health care provider may charge for copies of patient health care records under certain circumstances.

***** ANALYSIS FROM -1309/1 *****

Under current law, the State Laboratory of Hygiene Board sets fees for testing infants for congenital disorders. Under this bill, DHS is ~~is~~ ^{also} authorized to set fees for testing infants for congenital disorders by administrative rule.

***** ANALYSIS FROM -1325/2 *** (MOVED FROM BELOW)**

Under current law, DHS administers the Senior Care program, which provides assistance to the elderly in the purchase of prescription drugs. To be eligible for Senior Care, a person must be a resident of the state, be at least 65 years of age, not be a recipient of prescription drug coverage through Medical Assistance, have a household income that does not exceed 240 percent of the federal poverty line, and pay a program enrollment fee. This bill adds as a requirement for eligibility for Senior Care that the person must apply for and, if eligible, enroll in Medicare Part D, which is a federal prescription drug assistance program.

***** ANALYSIS FROM -0183/1 *****

CHILDREN

Current law requires DCF to establish a pilot program under which a ~~county department of human services or social services (county department)~~ ^{county} or, in a county

~~not more than four counties, and in Milwaukee County,~~

(agency)

~~having a population of 500,000 or more (Milwaukee County), DCF or a licensed child welfare agency under contract with DCF (collectively "agency") may employ alternative responses to a report of suspected or threatened child abuse or neglect. Under the pilot program, a county department or agency must respond to such a report as follows:~~

~~1. By investigating the report and determining whether child abuse or neglect has occurred or is likely to occur, if there is reason to suspect that substantial abuse or neglect has occurred or is likely to occur or if an investigation is otherwise necessary to ensure the safety of the child and his or her family.~~

~~2. By conducting a comprehensive assessment of the safety of the child and his or her family, the risk of subsequent abuse or neglect, and the strengths and needs of the child's family to determine whether services are needed and offering those services on a voluntary basis, if there is reason to suspect that abuse or neglect, other than substantial abuse or neglect, has occurred or is likely to occur, but there is no immediate threat to the safety of the child or his or her family and intervention by the court assigned to exercise jurisdiction under the Children's Code is not necessary.~~

~~3. By referring the child's family to a service provider in the community for the provision of appropriate services on a voluntary basis, if there is no reason to suspect that abuse or neglect has occurred or is likely to occur.~~

(no #) ← ~~Current law permits DCF to select one agency in Milwaukee County and not more than four county departments to participate in the pilot program. This bill eliminates those caps on the number of agencies or county departments that DCF may select to participate in the pilot program.~~

*** ANALYSIS FROM -0146/1 ***

Current law requires that payments received for child support be applied first to child support that is due in the month in which the payment is received, then to any unpaid child support that was due before the payment was received, and finally to any interest that has accrued on unpaid child support. Under federal law, payments received for child support must be distributed in a different order if the payee is receiving or has received aid under the Temporary Assistance for Needy Families block grant program. This bill provides an exception to the order in which payments received for child support are distributed if federal statutes or regulations require a different order.

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*** ANALYSIS FROM -0279/P1 ***

MENTAL ILLNESS AND DEVELOPMENTAL DISABILITIES

Under current law, DHS is required to issue a request for proposals to provide pharmacy management services for all state treatment facilities that provide diagnosis, care, or treatment for mental or emotional disturbance, developmental disability, alcoholism, or drug dependency. This bill eliminates that requirement.

*** ANALYSIS FROM -0244/1 ***

Under current law, the Medical Assistance (MA) program, which provides health services to individuals with limited resources, is funded jointly by the federal government and the state. MA provides reimbursement to individuals for community recovery services if those services meet certain qualifications. This bill

~~allows the state share of funding for community recovery services to originate from the community support programs and psychosocial services appropriation.~~

***** ANALYSIS FROM -1324/P1 *****

OTHER HEALTH AND HUMAN SERVICES

Under current law, a county with a population of less than 500,000 must establish a county department of social services ~~to provide certain services, including services related to children and families and juvenile justice~~, and such a county may establish a county department of human services ~~to provide a fuller range of human services~~. A county with a population of 500,000 or more must establish ^{both} a department of social services and a department of human services. Two or more counties that are contiguous and that each have a population of less than 500,000 may combine to form a department of social services or a department of human services on a multicounty basis. There is no multicounty option for counties with a population of 500,000 or more. mfb

This bill authorizes noncontiguous counties and counties with populations of 500,000 or more to combine to form a department of social services or a department of human services on a multicounty basis.

~~Also under current law, contiguous counties may combine to establish a county department of community programs, and adjacent counties may establish a county department of developmental disabilities services, on a multicounty basis. The bill authorizes noncontiguous, nonadjacent counties to combine to establish those departments.~~

~~Finally, current law provides that a county may combine with another county to establish a county health department on a multicounty basis. The bill specifies that two or more counties may establish a multicounty health department.~~

***** ANALYSIS FROM -0153/P1 *****

This bill transfers from DWD to DCF one position, and any incumbent employee holding that position, that is primarily related to local agency reimbursement contracts for programs administered by DCF. The bill also transfers from DCF to DHS three positions, and any incumbent employee or employees holding those positions, that are primarily related to automation security for the Client Assistance for Reemployment and Economic Support (CARES) system. All transferred incumbent employees retain the same rights and status after the transfer that they enjoyed before the transfer.

***** ANALYSIS FROM -0147/1 *****

Under current law, in an action affecting the family, such as a divorce, when the petition commencing the action is filed, the social security numbers of the parties, of each minor child of the parties, and of each child born to the wife during the marriage must be filed with the court on a form that is separate from the petition. This bill limits the social security numbers that must be filed for children born to the wife during the marriage to those of minor children who were born to the wife during the marriage. The bill also provides that, in a paternity action, the form with the social security numbers of the parties and minor child must be filed with the court within five business days after paternity is adjudicated, rather than at the beginning of the action when the petition is filed.

77K
J***** ANALYSIS FROM -0197/1 *****

Under current law, DWD, through the division of vocational rehabilitation, is required to provide homecraft services to persons with severe disabilities. According to the division of vocational rehabilitation, the division has not provided homecraft services since 2003 when it was determined that homecraft services do not satisfy federal standards related to vocational rehabilitation.

This bill removes the requirement that DWD provide homecraft services to persons with severe disabilities.

For further information see the **state and local** fiscal estimate, which will be printed as an appendix to this bill.
